LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyiet's Registration Number

	Instructions	FOR OFFICE USE ONI Postmark Date: 3./8.00
:	Print in ink or type. Complete form and return to Board of Bthics, 2415 Quail Dr., 3 rd Floor, Baton	Postmark Date: 1978 Va
0.50	Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.	Supp. L
٠	This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities	Supp ~
	requiring registration. It must be submitted within 10 days of any terminations	12
	of employment or representations.	ock /
1.	NAME Landry Nancy R.	1072193
2.	BUSINESS PHONE 337.288.4681	<u> </u>
3.	BUSINESS ADDRESS 109 South College, Locayette, Liston and No. City State State	A 70803
	MAILING ADDRESS Saw &	<u> </u>
	EMPLOYER Pelican Strategies, LLC	Zi p
5.	BMPLOYER'S ADDRESS 109 South College Latagette	1/1A 70503
6.	Have you ceased or terminated all lobbying activities requiring registration? Yes No	~
7.	LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating person, group, or organization listed; (c) the type of business each is engaged in or the purpose or group; (d) whether or not the client or someone else pays you to lobby; and (c) the date of terminating the content of the client or someone else pays you to lobby; and (c) the date of terminating the content of the client or someone else pays you to lobby; and (c) the date of terminating the content of the client or someone else pays you to lobby; and (c) the date of terminating the content of the client or someone else pays you to lobby; and (c) the date of terminating the content of the client or someone else pays you to lobby; and (c) the date of terminating the client of the client or someone else pays you to lobby; and (c) the date of terminating the client of the client or someone else pays you to lobby; and (c) the date of terminating the client or someone else pays you to lobby; and (c) the date of terminating the client or someone else pays you to lobby; and (c) the date of terminating the client of the client or someone else pays you to lobby; and (c) the date of terminating the client of the client	function of the organization or
	1. Name 3-D Squared, Inc.	35
	Address 211 W. Main St. Lafagette	LA ZOSOL
	Business or purpose Work-force Development (Nonthatit)
	New Representation Does this person pay you? VC S	
	Does this person pay your \(\lambda \)	

If No, who pays you?_____

Terminated Representation as of ______

SUPPLEMENTAL REGISTRATION FORM

1483 Loubyint's Registration Number

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В	Lusiness or purpose
	New Representation Does this person pay you?
16	No, who pays you?
200	Terminated Representation as of
N	isme
A	ddress
В	usiness or purpose
Ę	New Representation Does this person pay you?
Li	No, who pays you?
Г	Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 601, Rev. 10/2002